CTATE OF MADVIAND CEDTIFICATE OF DEATH

	STATE OF MARTLAND	CERTIFICATE OF BEATT
	1. PLACE OF DEATH	ment -
11	County Termanication May	Mulganery Registration Dist. No. 2
	Village or City Jonnandown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/ 1	Length of residence in city or town where death occurred 72 yrsmos	the state of the s
	2. FULL NAME Louise Priama &	Paper_
	(a) Residence: No Pense and Les	St. Ward.
	(Usual place of ahode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDINORCED (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If merried, widowed, or divorced HUSBAND of	22. I HER/EBY CERTIFY. Thet, I ettended deceased from
	(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
	6. DATE OF BIRTH (month, day, and year) Ope 1 sh 1862	Hast sawh en alive on Selfet 124 - 1924; death is said
ate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
k of certificate.	1862 72 5° 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8 Frade profession or particular	Cerebreal tempolism 8/234/3
	kind of work done, as SPINNER, College of Willes	arlend Sclerous 1430
back	9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	U 10. Date deceased last worked et 11. Total time (years)	
s on	this occupation (month and spant in this occupation occupation	
instructions	12. BIRTHPLACE (city or town) Maryland -	Other Contributory Causes of importances: Cheerice 1932
ruci	(State or country)	
nst	13. NAME Pendru to Balan	
See i	14. BIRTHPLACE (city or town)	Name of operation Date of Date of
ξΩ.	1 (State of Country)	Whet test confirmed diagnosis? Was there en au opsy 200
int.	15. MAIDEN NAME Civil Boland	23. If death was due to external couses (VIOLENCE) fill in elso the following:
important.	15. MAIDEN NAME Civil Boland 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
mp	10 1	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT angra II Grafale	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
very	18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
18	Place Clofoper Date, Jeph 4, 1984	Nature of injury
LION	Ed Ille	24. Was disease or injury In any way related to occupation of deceased? 400
H	19. UNDERTAKER Streethold (Address)	7 If so, specify
1	Sal sod WE Jain's wel	(Signed) liptur & hours M.D.
1)	20. FILED . 19 0 4 Pool Registrar.	(Address) Dawsonvilly Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be

WRITE PLAINLY, WIT

V. S. No. 1 E.

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAUNG	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY	Y PHYSICIA.	N
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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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County Moulevu	Registration Dist. No. 218
Village or City Lay bour siece	
1/4 1/1 10 00 00	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Meddelson A Dela	
(a) Residence: No. Land Valle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Istala while OR DIVORCED (write the word)	
5a. If married, widowed, or divorced Tidelia Marfuld (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) Nee 1 1859	I last saw have alive on Fefat 7 , 19.3 4; death is s
7. AGE Years Months Days If LESS than	
74 9 6 Iday,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Date of on
kind of work done, as SPINNER, Merch aut + farm	us Mutral Valuelas Leave
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Long lerro wille Jan	Other Contributory Causes of importance:
(State or country)	for wording storombers
13. NAME Frances & Bell	
14. BIRTHPLACE (city or town) Brookswille Desay	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Augusta Patricinal	23. if death was due to external causes (VIOL ENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) Les less Howard	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Lagues D. Dell Md. (Address) Lagues D. Dell Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hay bornilla Cempate Fafet 9, 193	Nature of injury
19. UNDERTAKER Page W. Bacher	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sefel 9, 193 4 VII Day a Dec	(Signed) Samuel & Dyanna Marchaelle & Samuel & S

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

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Chronic interstitial n	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	061 3 1934	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEAT	Ή
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:	1. PLACE OF	DEA	тн			(Ez-a)	9306		
	CountyM	ontgo	mery	A	ρ	Registration Dist. No.			
	Village or Ci	ty Co	ibin to	hu?	ma,	No. St. Ward			
	Lamath of social	lamas im si				death occurred in a hospital or institution, give its NAME instead of street and no			
					yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	sds.		
	(a) Residence		Cabi		of abode)	St., Ward. If nonresident give city or town and S	State		
	PERSON	AL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3.	SEX Female		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September lst. (Month) (Day)	193 4 (Year)		
5a.	. If married, widowe HUSBAND of (or) WIFE of		oh S. Bur	gess.		22. A HEREBY CERTIFY, That I attended d			
	DATE OF BIRTH (1876.		death is said		
1.	AGE Year		Months	Days	If LESS than	to have occurred on the date stated above, at			
	1			1	ormin.	were as follows:	Date of onset		
NO	8. Trade, profess	ork done.	as SPINNER.	House wi	fo	Cerebral Amorrange			
OCCUPATION	9. Industry or b	usiness in	PER, etc	-HVM9G-RI	4.6.4				
SUP	work was SAW MILL	done, as S ., BANK, e	SILK MILL, etc						
000	10. Date decease this occup year)	ation (mo		spe	ime (years) nt in this pation				
12	. BIRTHPLACE (city (State or count	or town)	Maine.			Other Committee Cames of importance:	~~~~		
ER	13. NAME AT	gust	us Maxwe	u					
FATHER	14. BIRTHPLACE	(city or to	wn)			Name of operation Date of			
	(State or o	country)	Maine	3.		What test confirmed diagnosis? Was there an au	topsy?		
MOTHER	15. MAIDEN NAM	84.50	ry L. Ber			23. If death was due to external causes (VIOLENCE) fill in also the following:			
OTI	16. BIRTHPLACE	(city or to	Maine			Accident, suicide, or homicide? Date of Injury	, 19		
Σ	(State or	country)	Maine.	•		Where did injury occur?			
9		Censi	ngton, Mo	I ,		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.		
18	BURIAL, CREMATI	PIAR	Tham	R Date Sef	14,1034	Manner of Injury			
19	. UNDERTAKER	ames	T. Cleme	ents' Son	3,	24. Was disease or injury In any way related to occupation of deceased?			
	(Address) 12		isconsin	Ave.N.W.	Wash D.C.	If so, specify			
20.	FILED 9/2	, 1	1934 0	B.C.Pe	vry mx.	(Signed) Betherba ma,	M. D.		
-			P411004		/				

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		BECELIA ED L	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF M	ARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	•	0939
County Montgomer	4	Registration Dist. No. 2/2
Village or City Bahnese	Alle	No. St., Wa
Length of residence in city or town where death occurr		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME William	, 111 3	a a a a d a
(a) Residence: No.		St. Ward.
	I place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH
hale While we	dowed	Sept 10 1934 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Margaret a.	Buseard	22. I HEREBY CERTIFY. That I attended deceased for Sent. 10, to Sept. 10, 1934
6. DATE OF BIRTH (month, day, and year)	10 - 1848	i last saw h him alive on Sopt 10, 1934, 19 ; death is s
7. AGE Years Months Da	, .	to have occurred on the date stated abova, atAm. M.
86 2 -	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related ceuses of Importence wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Chronie Endocarditis, &
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and		Myocarditis, Duration of either
9. Industry or business in which work was done, as SILK MILL, Returne SAW MILL, BANK, etc.	& farmer	not stated acres
10. Data deceased last worked at this occupation (month and year)	Total tima (years) spent In this occupation	
12. BIRTHPLACE (city or town) Maryl	and	Other Coutributory Causes of Importance:
(Stata or country)	. 1	Senility
13. NAME COM Duss 14. BIRTHPLACE (city or town) Mary.	1	
14. BIRTHPLACE (city or town)	land	Neme of operation Date of
		What test confirmed diegnosis?
Ellak	won	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?
17. INFORMANT Mrs. Malli (Address) Sepperation	Redman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ru.	Manner of injury
Place Beallowelle Data 5	1/12/3419	Nature of injury
19. UNDERTAKER Hilton au f	rine	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Barnesville	me.	If so, specify PR
20. FILED Sept 11 , 1934 Mrs. C	C. Hillow Whee Registrar.	(Signed) Barnesville, Md. N

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STIREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WIS UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIS

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Mintagenery	Registration Dist. No. 2/3
Village or City near Mrc knill med	No. Commity Jasone St. Ward
(If	death occurred in a hospital or inditution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME MANUS STORY FOR C	am
(a) Residence: No. Commity Admire	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH
more designed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Dely 1 1934 to 19
6. DATE OF BIRTH (month, day, and year) May 19 1850	l last saw h alive on Selfr 1, 198 4; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.34 £m.
84 3 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which	Chronic Morcaulates
work was done, as SILK MILL, SAW MILL, BANK, etc.	O - time la second
10. Date deceased last worked at this occupation (month and 1924 11. Total time (years) spent in this	Duration: Caernal Jeans
year) occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Truderick Company	Differ Countries of Countries of Miliportance.
(State or country) Many Level	atali Indrustra
II 13. NAME STAND LONG	Branous Cistory, anknows.
13. NAME 14. BIRTHPLACE (city or town) 16. City or country)	Name of operation Date of
(State b) Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen Olim	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury19
State or country)	Where did injury occur?
17 INFORMANT Sinder & Com Chother	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place Date Sept 4 19 34	Nature of injury
Ki M La Suyder	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
9-3 1034 mis M.J. Gratt	(Signed) M. D.
20. FILED 9-3, 1934 Mis ON. J. Ocale. Registrar.	(Addrass)
	2411 N. Charlet Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		CEATER OF	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	31	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09311
County Movely -	Registration Dist. No. 2/8
Village or City Gallus buy hell Langth of rasidence in city or town where death occurred vrs. 5 mos	No. St., Ward death occurred in a hospital or iostitution, give its NAME instead of street and number)
2. FULL NAME Crysta Consulting (a) Residence: No. Harthursbag sur (Usual place of abote)	LSt., Ward. If convenident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lessel 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wire tha word)	21. DATE OF DEATH Sept. (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Same Constitutes	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs.	I last saw h. Rev. alive on Rep. 1934; death is said to have occurred on the data stated above, at 2:30 P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which	were as follows: Out with the state of the
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decassad last worked at this occupation (month and year)	Other Contributory Causes of importance:
13. NAME (Halif Hameword) 14. BIRTHPLACE (city or town). 2226	
(State or country)	Name of oparation Date of
œ	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?
17. INFORMANT Home of a get He would	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Parties Date Jan 189	Manner of injury
19. UNDERTAKER (Addrass)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Seft. 8, 1934 Cloudal J. G. Offer Registrar. S	(Signad) Sattler - Ruhu M. D. (Address) Rockville, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Óther contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I.	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	9312
County Moulgourers		210-m	217
Village or City Olucy 7	nd.	Registration Dist. No. Ohno noul governing Co. Sauce of St., if death, occurred in a horpital or institution, give its NAME instead of street an	Corpiward
Length of residence in city or town where	death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs	.mosds.
2. FULL NAME Pargue (a) Residence: No. 53. Bee	+n'1 1 N.	Weiller. Long Island n. C.	
(a) notice. No. 2021 Tuckers	(Usual place of abode)	If nonresident give city of town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Leccale white	5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 /_
56. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. 1 HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days If LESS than	I lest saw here alive on Diplemble (, 19.3) to have occurred on the date stated above, et 10. A.m.	∠/, 19 ¾ Y -¥; death is said
	23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	lchoolgal	Shock	9/1/39
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) 7.4: (State or country)	City.	other Contributory Causes of importance: - Courses of importance: - La seture of Alexall	9/1/3
13. NAME Dr. albert K	. Deteveiller	Janes Land Land Land Land Land Land Land Land	
14. BIRTHPLACE (city or town)	ton	Name of operation Nova Date of	
(Stete or country)	t. + M' 1	What test confirmed diagnosis? Lacusmalian Was there an	eutopsy?_ZZ
15. MAIDEN NAME Marge	Oreland.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Accident pate of injury. The best believes Roylecte Levels and the control of the control o	1 10.34
17. INFORMANT Dr. allert K. (Address) 15 3 Beach 139 ch	Detivilles st Bel Horning las	Where did injury occur? Most portices of town, county and Si Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC P	Ace.
18. BURIAL, CREMATION, OR REMOVAL Place Caston Pa.	Date. 9-4- 1934	Manner of Injury Cosepound, Communited frac	leave 9
19. UNDERTAKER Harney (Address)	go Tumphrey.	24. Was disease or injury in any way related to occupation of deccased?	20 1000
20. FILED Sept. 20, 1934 C.	S. Barresley Registrar.	(Signed) Address) Sanda Ch	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PECELVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	OCT 2 1034	July 5,1927	Peritonitis	3 days ago
	SURBAU V S	1		
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Ever,	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	Frantificate
UNFADING INK-TH	supplied. AGE should h	in terms, so that it may b	Joed no snoitourtoni oo
-WRITE PLAINLY, WIT.	nation should be carefully	CAUSE OF DEATH in plan	TION in mountaint Can instrumentions on heart of contificate

TION is

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S. No. 1

item of infor

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH gomer Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Oavs If LESS than to have occurred on the data stated abova 1 day-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. ware as follows: Oate of enset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation __ Other Contributery Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was thera an autopsy? MOTHER 15. MAIOEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?_____ Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT __ Q MI (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was diseese or Injury in any way ralated to occupation of deceased? If so, specify (Address) Takoma Parkmd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WURGALL V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 119314
1	L. PLACE OF DEATH	<u> </u>
	County montgoury	Registration Dist. No. 217
	Village or City Quality	No montos Comentes Copus of Word
	Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital of institution, give its NAME instead of sheet and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2	2. FULL NAME Stillborn Baby Ea	eleg
	(a) Residence: No.	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
In	reletermined White OR DIVORCED (write the word)	21. DATE OF DEATH Sept 20 th 19384 (Njonth) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. HEREBY-CERTIFY, That I attended deceased from
6. 1	DATE OF BIRTH (month, day, and year) Sept. 20, 1934	I last saw h after oh Sept 20th, 1934 death is said
7. /	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 fre m.
	Still on 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z	8 Trade profession or particular	Stillburth Date of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Vremature heelt (trans) Wals
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hand H. S.
CO		- mound pregnancy
00	10. Date deceased last worked at this occupation (month and year)	
12	BIRTHPLACE (city or town) Olucy	Other Contributary Causes of importance:
12.	(State or country) Where tauch	11. 10. 10. 10. 10. 10. 10. 10. 10. 10.
FATHER	13. NAME John Gabley	merine remove regularing / 13/34
AT	14. BIRTHPLACE (city or town) + redestich	Name of operation. Date of
-	(State or country) Manylound	What test confirmed diagnosis? experimentality Was there an autopsy?
MOTHER	15. MAIDEN NAME Lulus Smith	23. If death was due to external causes (VIDLENCE) fill in also the following:
5	16. BIRTHPLACE (city or town) + rederich .	Accident, suicide, or homicide? Date of Injury, 19
Σ	(State or country) maryland,	Where did Injury occur?
17.	INFORMANT Haspital records.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL CREMATION, DR-REMOVAL	
	Place / Aprilal Date Sept 1 , 19 3 4	Manner of Injury
19.	UNDERTAKER Hospital authoritis	24. Was disease or injury In any way related to occupation of deceased?
	0.4	If so, specify
20.	FILED Sept. 27, 1924 CSBarnolly Jegistrar.	(Signed) Casto mustleson M. D. (Address) Saudy Spring mid
	If more blanks are needed, address State Registrar	24xx N. Charles Street Beltimore P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	51	Example II	
The principal cause of of importance were as Arteriosclerosis		113	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory can		1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	`			

V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF BEATTY (1931)
m	3 Projective Pict No. 2 17
Village or City Odlace 2nd	Registration Dist. No. Registration Dist. No. Registration Dist. No. Registration Dist. No. No. No. No. No. No. No. No.
Length of residence In city or town where death occurredyrs,mo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stillbore baly Co	arley
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildelen was a white	21. DATE OF DEATH Sept 20 th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY, That I attended degeased from
(or) WIFE of	Sept 20 193410 Sept 20th 1934
6. DATE OF BIRTH (month, day, and year) Sept. 20. 1934	I last saw he alive on Sept Doch 1994; death is said
7. AGE Stellbarus Days If LESS than 1 day,hrs.	were as college.
1 9 Trade profession or portionles	Date of one of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	V20/34
Naw Foression, or particular in the control of	Gremature (4 mo)
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) 11. Total time (years) 12. Total time (years) 13. Total time (years) 14. Total time (years) 15. Total time (years) 1	
12. BIRTHPLACE (city or town) (Cuey	Other Contributory Causes of Importance:
(State or country) Marykanen.	ulime Homorrhage Vighan
13. NAME John Eacher	1 1
14. BIRTHPLACE (city or town) the clare	Name of operation Date of 7
(State of Country)	What test confirmed diagnosis? examination Was there an europsy? ho
15. MAIDEN NAME & well & sauch	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME & when & skill 16. BIRTHPLACE (city or town) & Aredenie & Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country) Manyland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT As faited deen do (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Italpilas Date Meple 21, 19.3.4	Neture of Injury
19. UNDERTAKER Hyspital authoritis	24. Was disease or injury in any way related to occupation of deceased?
0 + 000 0	(Signed) Chastos mubleson M.D.
20. FILED Sept. Let., 1934. SABaturally Resistrar.	(Address) Sauly Spring md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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fit	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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STATE OF	MARYLAND—CERTIFICATE	OF DEATH

1	. PLACE OF DEATH	DC.
	County montgomes of d.	Registration Dist. No. 2/6
	Village or City Wown Refer Stillegal	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,mos,ds,
2	2. FULL NAME Maryl Hocker 942	vuls.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MOUVILLED	21. DATE OF DEATH fearthere 28 193 4 (Month) (Day) (Year)
5a.	If married, widowad, or divorced HUSBAND of (or) WIFE of alice Laneland Harvie	22. HEREBY CERTIFY, That ettended deceased from
	DATE OF BIRTH (month, dey, and year) Sept- 19-1860	last saw h 122 alive on Sept 28 , 193 4, deeth is said
7. /	AGE Years Months Days If LESS then 1 dey,	to have occurred on the date steted ebove, et. 6.30 Pm.
-	/7 / Ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware es follows:
NO	8. Trede, profession, or particular kind of work dona, es SPINNEP. Cetice & Seutlema SAWYER, BDDKKEEPER, etc.	W May Miller (reumany
OCCUPATION	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
000	10. Date deceased last worked et this occupation (month and spent in this year)	
12.	BIRTHPLACE (city or town) (Steta or country) Reatland	Dther Contributory Causes of importence:
ER	13. NAME John Harries	4
FATHER	14. BIREMPLACE (city or town) Usakusum (State or country)	Nema of operation 10-ul Date of
8	15. MAIDEN NAME LANGE P	Whet test confirmed diegnosis? Was there en eulopsy?
THE	/ www.	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
MOT	16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicida, or homicide?
17.	INFORMANT St. Chester Hammond, (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL PIECE SILVINGS TO NAT Com Capeta 10/1/34, 19	Mannar of Injury
19.	UNDERTAKEN LOWAL R. Takky, (Address) 4217-9" D. n. N.	24. Wes disease or injury In any way related to occupation of deceased? #10:
20.	FILED \$ 182, 193 + BC Rerry M. Registra.	(Signed) Jacque Q. M. Wale M. D. (Address) 1/2 6 EyESf. Mash. W. O.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and relater causes Date of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epitepsy
Chronic interstitial nephritis	1921	Run over by speed car
Cerebral hemorrhage	July 5,1927	Peritoritis 2 2 days ago
		1 1 1 1 1 1
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year
		· V.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 3 THA			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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V. S. No.

E. ż 7. AGE

OCCUPATION

FATHER

MOTHER

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc....

Industry or business in which work was done, as SILK MILL,

SAW MILL, BANK, etc ...

this occupation (month and

10. Date deceased last worked at

12. BIRTHPLACE (city or town) (State or country)

14, BIRTHPLACE (city or

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION

(Address)

19. UNDERTAKER

(State or country)

16. BIRTHPLACE (city or town) (State or country)

13. NAME

Months

Years

STATE OF MARYLAND	CERTIFICATE OF DEATH 09320		
1. PLACE OF DEATH	92:0		
Village or City 3 education	Registration Dist. No. St., War		
Length of residence in city or town where death occurred yrs, more considerable of the	Lacs Valorada Ward.		
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 6 (Month) (Day) (Year)		
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That i attended deceased fro		

to have occurred on the date stated above, at 3 if LESS than I day, -----hrs. The PRINCIPAL CAUSE OF DEATH or min. were as follows: Date of onset Name of operation. What test confirmed diagnosis?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ______ Date of injury ______ 19 Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.

Registrar.

unknow

Days

11. Total time (years)

spent in this

occupation ...

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ADDITIONAL SPACE	CE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

B.

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57.23,1934

20. FILED SE

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH U93	18
1. PLACE OF DEATH	82.00	
County Monty &	Registration Dist. No. 2/3	8
(- tot 21 -c	Np. St.	Ward
Village or City Gallieras (If	death occurred in a hospital or institution, give its NAME instead of street and nur	
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Charles telefolies	Hogan-	
(a) Residence: No. Lacthurburg 20	√st., Ward.	
(Usual place of above)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (Grice the word)	21. DATE OF DEATH (Month) (Day)	193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helin Hogor	22. I HEREBY CERTIFY, That i attended de	ceased from
6. DATE OF BIRTH (month, day, and year) was 21,1851	last saw har alive on 9 - 2 19 3 4;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.45 Pm.	
1861 83 6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
- Trede, profession, or perticular	(lateriosel erosis -	1915
kind of work done, as SPINNER, Corrage Poulde	acute Congesting Hear	
9 Industry or business in which work was done, as SILK MILL,	Failer (Kerkertening)	2-28-34
SAW MILL, BANK, etc	Cerebral Hemseliage	4-10-3
10. Date deceased last worked at this occupation (month and year)		3
12. BIRTHPLACE (city or town). Desayled	Other Contributory Causes of importance:	
(State or country)		
13. NAME fleren & Hogare -		
14. BIRTHPLACE (city or town) Decarylened.	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME James 1809 an	23. If death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19
(State or country)	Where did injury occur?	
17. INFORMANT Caretter of Hogan (Address) Carellingham	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, DE REMOVAL	Menner of injury	
Place Tallendone Dete 7 23, 1984	Neture of injury	
DI Farley		ne
19. UNDERTAKER (1) Continue (Address)	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF BEATH (1953)
County Moula oney	Registration Dist. No. 213
Village or City Rackwelly	No. St. Ward
OF CIF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of own where death occurredyrs,mos	1
2. FULL NAME Trace / Sells OT	Ledson
(a) Residence: No. Pocketty - YVG (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH
Januar Hallo Married	(Month) (Bay) (Year)
9. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of Fro- south Fludging	December, 1933, to Sent 4 1934
6. DATE OF BIRTH (month, day, and year) March 15-1884	I last saw h & aliva on Select 3 193 4 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 45 m.
50 3 2/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Gregate dilstation 9/43
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10. Date deceased last workad at this occupation (month and	of heart:
work was done, as SILK MILL. Trong troube	
yaar) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country)	Cardio vascular about
	Kenal disease. 1933
E South State of the state of t	
14. BIRTHPLACE (city or town) Many (State or country)	Name of operation
15. MAIDEN NAME Margaret Va Burnel	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Da. Burrough 16. BIRTHPLACE (city or town) Maryland	23. If daath was due to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
E (State or country)	Whare did injury occur?
17. INFORMANT Mis. M. W Summones (daught	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Kruingloi md	/
18. BURIAL, CREMATION, OR REMOVAL Data Sept 6 1934	Manner of injury
9 CO 10 CO 10	Natura of injury
19. UNDERTAKER With Auben This May	24. Was disaasa or Injury in any way ralated to occupation of decaasad?
9 45 31 31 7 0	(Signad) A Hartle M. D.
20. FILED	(Addrass) Rolling M. D.

STATE OF MADVI AND CEPTIFICATE OF DEATH

06001

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitud nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(93.50)
1	County // Aulgomeny	Registration Dist. No. 216
	Village or City Bultursda	No. St. Ward
	Length of residence in city octown where death occurred 3 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
	2. FULL NAME Dolward It.	a seles
	(a) Residence: No. 75 16 - Flightand at	CSt. Ward.
	(Usus place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL HARTICULARS V	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WILLOWED, OR DAYORCED (write the word)	21. DATE OF DEATH
	Maried Mula Married	(Month) (Day) (Year)
	5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
	Hanna Jo Justs	Sept 12, 1934, 100 Sept 17-, 1934
ite.	6. DATE OF BIRTH (month, day, and year) 73/+ 1866	I last saw have Caliva on September 17-, 1934, death is said
certificate	7. AGE Years Months Days / If LESS than 1 dayhrs.	to have occurred on the date stated above, at f. = /3m.
erti	0 0 0 0 0 min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
o jo	8. Trada, profassion, or particular kind of work done, as SPINNER, classed Sawyer, Bookkeeper, atc	The analysis
		17/13/
back	9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
no	10. Date deceased last worked at 44 11. Total time (years) spent in this occupation (month and 43 year)	
instructions	50 - 2. 1	Other Coutributory Causes of importance:
uct	12. BIRTHPLACE (city or town) (State or country)	mile Can dition
ıstr	# 13. NAME Pachward 71) In orles	myscacaus
	14. BIRTHPLACE (city or town)	Name of operation Date of
See	(Steta or country)	What test confirmed diagnosis? Was there an autopsy?
nt.	15. MAIDEN NAME Syabelt Manguy	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
m pc	(State or country)	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT Day G Burger	Spacify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
very	(Address) Askulasada (Thick	
32	Place Brooklyn My Date Stat 19 1934	Manner of Injury
TION	And Miles And Advanced	
E	19. UNDERTAKER XIII AMATUU MAATUU MAA	24. Was disease or Injust in any way related to occupation of daceased?
	9/14/31 020/201	(Signad) / Ullell Huff M. D.
-	20. FILED 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	(Addrass) Police of do to
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Example I	Example II
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis 1915	Attack of epilepsy 1 week ago
Chronic interstitial nephritis	Run over by street car 1 week ago
Cerebral hemorrhage	Peritonitis 3 days ago
Other contributory causes of importance (Callstones May), 19	Other contributory eauses of importance:
Gallstones May 1,19	23 Gastroenteritis 1 year

V. S. No. 1

V. S. No. 1		MARGIN	RESERVED	LMARGIN RESERVED FOR BINDING	
N. B.—WRITE PLAI	NLY, W	THE UNFADIN	SINK-THIS	IS A PERMANE	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should l	e carefu	ully supplied.	AGE should be	stated EXACT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DE	ATH in	plain terms, so	that it may be	properly classifie	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
TION is very important. See instructions on back of certificate.	mportant	t. See instructi	ons on back of	certificate.	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09323
1. PLACE OF DEATH	(31)
County Mery Mase,	montgomery. Registration Dist. No. 2/6
Village or City Chevry AChar	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Flora andrew	1 1
1911 1 0 10	R Jones
(a) Residence: No. 6 /// (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the work)	21. DATE OF DEATH 5 4 193 4 (Month) (Day) (Year)
a. If married, widowed, or divorced	
(or) WIFE of Leo. Jones	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Dan 6. 185	I last saw have alive on 1984; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.58 hm.
83 8 20 1 day,	meta as tullane.
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Carela-manular
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SLLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occupation (month and	reme almene, 1924
SAW MILL, BANK, etc	ele Illy a constitue "
this occupation (month and spent in this occupation	auti canana sila 348
2. BIRTHPLACE (city or town) Of ochesles	Other Contributary Causes of importance:
(State or country) pew york	Che anka anthriber 1914
14. BIRTHPLACE (CRY OF TOWN).	
14. BIRTHPLACE (cry or town).	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Caroling Wilkin 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT JUSTICE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3 D. Stratt Cricle Washington, B. BURIAL, CREMATION, OR REMOVAL.	Monar of injury
Plato ckullelling rugore Art 28,1937	Manner of injury Nature of injury
9. UNDERTAKER OM Reuben Turnsbluter	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 9/27 , 1934 B. C. Perry M. E. Registrar.	(Signed) M. D. (Address) B. 221 Annual M. D.
If more blanks are needed address State Registrate	N. Charles Servet Bulinary Burning St. C. N.

aress State Registrat, 2411 N. Charles Street, Baltimore, Requesting O.S. No. 1.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
UREAU V. S.	1		
Other contributory causes of importance:	Mau 1,1923	Other contributory causes of importance: Gastroenteritis	
Unisiones	May 1,1923	Gustroenter tus	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMEN	TS BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

OCCUPA.

1. PLACE OF DEATH

-	(131)
	Registration Dist. No. 2/4
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
7	mear
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH @
	(Month) (Day) (Vear)
,	22. I HEREBY CERTIFY, That I attended deceased from 12-1-32, 19 to 9-6-34, 19 I last saw h and alive on 9-4-34, 19; death is said
	to have occurred on the date stated above, at 9,15 ff.m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Affertinion Myrandelio 9 Chronic rephiles
-	Other Contributory Causes of importance:
	Cuful Hemorty 6004
	Name of operation. Date of
-	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
-	Accident, suicide, or homicide?Dale of injury, 19
-	Where did injury occur?
-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
	Nature of injury
and the second second	24. Was disease or injury in any way related to occupation of deceased?
	(Signed Amus (F1) avidson M.D.
-	(Address) 203 Elm Chuy the mil

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registrar.

If more blanks are needed, aldress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

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Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	11 2 2 2 2 2 2		
	I U B A I S II		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09326
1. PLACE OF DEATH	(115-01)
County Moulgomeril	A Registration Dist, No. 223
Village or City Takoma Sark	No. Wash Daw + Hosan Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	1.5 ds. How long in U.S. If of foreign birth? 2. 9 yrs ds.
2. FULL NAME Louis Holodin	
(a) Residence: No. 1 2 0 2 Guing of . (Usus/blace of abode)	St., Ward. Wash. D.C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Nov 10 1896	1934, to 9,34, 1934. I last saw h-1,1934. death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at _ \$2.3.0 \(\mathbb{L}_{m} \).
38 37 9 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Septisema: preseded by and vate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Dusation : one week Gugg
10. Date deceased last worked et this occupetion (month and year) 11. Total time (years) spent in this occupation	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Cussua (State or country)	
13. NAME Havry Kolodin	
14. BIRTHPLACE (city or town) (State or country)	Name of operation. What test confirmed diagnosis? Cood culture Wes there an autopsy? The
15. MAIDEN NAME Hannah Rothstein	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17, INFORMANT Lacob Slassman	Where did injury occur?
(Address) 6412 - 14 M N W.	
Place Cash Date Sept 4 , 1934	Manner of injury
19. UNDERTAKER B. Dansansky	24. Was disease or injury In eny wey related to occupetion of deceased?
(Address) 3501~ (1451) N.1 W	If so, specify
20. FILED Sept 3 , 1934 Ro. E. Rogers Registrar.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WEIDERT V S.			
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	3
County Moral gomeny	Registration Dist. No. 223.
Village or City & aroma V and	No. Ward St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. O ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME Infant of Stewe	& Radie Kramer
(a) Residence: No. 14ft/ Harbard St M (Usual place of abode)	ulst., Worth a shing tore, & C. If popresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That Lettended decessed from
(or) WIFE of	Sept 12gr 1934 to Sept 121, 1934
5. DATE OF BIRTH (month, day, end year) Sehr 12 it 1934	I last saw h w alive on Sight 12 , 1934; death is said
7. AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the dete stated above, at 6'.00 A.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Premature Seburation of
9. Industry or business in which	Placenta.
work was done, as SILK MILL, SAW MILL, BANK, etc.	no doubt haspened about
10. Dete deceesed last worked et this occupation (month and yeer)	24 hrs 12/90 -
Ackaria Park	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) - Jan Wary Will - (Stete or country)	
13. NAME Stir Krauser	
14. BIRTHPLACE (city or town) North Dakola	Neme of operation Date of
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME & adir Manck	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Vguua (Stete or country)	Accident, suicide, or homicide?
State of County)	Where did injury occur? (Specify city or town, county and State)
(Address) 1441 Harner St. Wash.	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CENT	Manner of injury
Plece Older Mossa. Dete Deft 13, 1934	Neture of injury
19. UNDERTAKER Star Board St. Wash	24. Wes disease or injury in any way related to occupetion of deceased?
20, FILED Sept 13, 19.34 No. E. Registrar.	(Signed) Paurella & Riess M. D. (Address) 705 Carroll evr Jakenus Pukto

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsi S Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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PHYSICIANS

1. PLACE

2. FULL N

5a. If married, wide HUSBAND of (or) WIFE of

6. DATE OF BIRTS

12. BIRTHPLACE

3. SEX

7. AGE

OCCUPATION

MOTHER important.

69

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
PLACE OF DEATH	<u> </u>
County mortgomery Country	Registration Dist. No. 2/4
Village or City Friedland	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
A A - A -	osds. How long in U. S. if of foreign birth?yrsmosds.
4 10	
(a) Residence: No. January (Usual place of abode)	St., Ward. If noncesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH September / 5 ,193 4 (Month) (Day) (Year)
married, widowed, or divorced HUSBAND of (or) WIFE of ATE OF BIRTH (month, day, and year) July 10,1865	22. I HEREBY CERTIFY. That I attended deceased from June 2. 1934, to Sept 15, 1934, to last saw here alive on Sept 14, 1934; death is said
E Years Months Days II LESS than	to have occurred on the date stated above, at 8 45 m.
9 2 5 1 day,hrs	mere se tulinne.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic myscardits 1928
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year) 11. Total time (years) spent in this occupation	
(State or country) (State or country) (State or country)	Other Contributory Causes of Importance: Chromic Deplantis 1928
13. NAME Peter Lee	appropriate 1928
	- hon- 0

(State or co FATHER 13. NAME 14. BIRTHPLACE (city or town)

(State or country) 15. MAIDEN NAME

16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT

(Address) CREMATION OR REMOVAL

19. UNDERTAKE (Address)

If so, specify

Where did injury occur?

Manner of Injury

What test confirmed diagnosis?

Nature of injury

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or Injury in any way related to occupation of deceased?___

(Address) ____

Was there an aulopsy?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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E	xample I		Example II		
The principal cause of de of importance were as foll Arteriosclerosis	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	001 5 1004	July 5,1927	Peritonitis	3 days ago	
I form	RUREAU V. S.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1329
	1. PLACE OF DEATH	(3)	
ould occ	County Moylgonikus	Registration Dist. No. 2/	3
5. è	Village or City Square	NoSt.,	Ward
.= .0		death occurred in a hospital or institution, give its NAME instead of street and n	
AN	10 1 2	- I - J	SUS.
RD. Every YSICIANS statement	2. FULL NAME South	Flower	
	(a) Residence: No. Accept 7 M Name (Usual place of abode)	St., Ward. If nonresident give city or town and	State
RECORD . PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EX.	Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sefect (Solution (Day)	193.4 (Yeer)
A C T I	5e. If married, widowed, or divorced HUSBAND of		
- d	(or) WIFE of alleyer 13. Wowey	22. HEREBY CERTIFY, That I attended of	eceased from
E X Cl	6. DATE OF BIRTH (month, day, end yeer) Acht 19-1896	Hast saw have alive on 9 13 - 1934	; death is said
d d d	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3/5 Am.	dodtii 10 daid
IS A PE stated E properly certificate	37 11 26 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
70	8. Trade, profession, or particular kind of work done, es SPINNER,	Asprantial	Oate of onset
HIS be be c of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at	Insufficiency	9/12/34
NK-T should it may n back	work wes done, es SILK MILL, Cult Programmer SAW MILL, BANK, atc.	Aninelusmatus kelinta	8/31/34
Sh it is	10. Date deceased last worked at this occupetion (month and spent in this	Plue & A de Lis	131/3 Y
	year) occupation	Other Contributory Causes of Importants:	110107
NFADING oplied. AGH erms, so tha instructions	12. BIRTHPLACE (city or town) Manyland	Elign arenal leusia	8/31/3
AI ed.	(State or country)	conical mysuns	9/14/34
	13. NAME Frozgo B Lowery	couling	3/31/3
su n	4 14. BIRTHPLACE (city or town)	Name of operation Data of	
	(State of Country)	Whet test confirmed diagnosis? Wes thera an at	!opsy?
	15. MAIOEN NAME TENNE THE COSCILIA TO 16. BIRTHPLACE (city or toys)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
Id be careful DEATH in It	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
	m-el Al	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address) Services - Tuel	Specify whether injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLA	JŁ.
1,5	18. BURIAL CREMATION, OR REMODEL	Manner of injury	
	Place Quantum Ma Oate Stept 1, 1939	Nature of Injury	
-WRIT mation CAUSH TION i	19. UNDERTAKER Dr. Freeberg Turkflying	24. Was diseese or Injury In any way related to occupation of deceased?	
20	(Address) Potchville Mc	If so, specify D	
ż	20. FILED Sef 16 , 1934 Wife & Rozene in O	(Signed)	M. D.
	Ay Registrar.	(Address)	1
	1) more viants are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago Arterioselerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis 3 days ago Cerebral hemorrhage July 5.1927 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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V. S. No. 1 ğ

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92:0
County Montgomery	Registration Dist. No. 2
Village or City Cellery Celase	No. // West Irving St., Ward
	death occurred in a horpital or institution give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME adolph Mattern	
(a) Residence: No. // West Irving	St Ward.
(Usual phase of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note: S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rapide the word) Married	21. DATE OF DEATH September /9 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Car) WIFE of Elizabeth E. Mattern	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, say, and year) March 14, 1868	I last saw hard alive on 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4 R_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
66 6 1 3 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, to back SAWYER, BOOKKEEPER, etc SAWYER, ETC	Character and the unburg
9. Industry or business in which work was done as SILK MILL	Choose the condition of
kind of work done, as SPINNER, where the same services of the same servi	
this occupation (month and year) 49.3.3 spent in this 42 year	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	acutedulitation 2day
(State or country)	Syncope 3hs.
13. NAME Veter a. mattern 14. BIRTHPLACE (city or town)	<u> </u>
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
Ŧ O	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Duranting (State or country)	Where did injury occur?
17. INFORMANT MAS Elizabeth & Mallern (Address) // W. Arving J.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place VV aut., N.Q. Date / 1999	Nature of injury
19. UNDERTAKER H. B. Nessus	24. Was disease or injury in any way related to occupation of deceased?
(Address) 924 M. g. ave. Ww. Wash. D. C.	If so, specify
20. FILED 9-70-, 1934 homes (comad	(Signed) 4800-8' Sturing M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	14	Example II	
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Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

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tem of

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Exa	mple I	DI	Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Ans a	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Water V	3.1921	Run over by street car	1 week ago
Cerebral hemorrhage	8 K. V.	July 5, 1927	Peritonitis	3 days ago
	Security States Security Secur			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

17. INFORMANT_

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

pluods

Registrar.

24. Was disease or injury in mny way related to occupation of daceased? if so, specify

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Year)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and in contrast the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	111111
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Catient was brought to the hospital at 10:45 B.m. We had De	reral_
lacerations of the Snalp with photuse bleeding no evidence	
a Leading of the skull with skill was the will be	
presented all evidences of internal blelding	
J. J.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WUPFALL V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Barrier species page in the Cara		•	

. 9 .	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	(3)
jo Jo	County montgomery	Registration Dist. No. 214
9 8 8	Village or City & loca Hand	No. 9214 Georgia avenuest, Ward
	1 - 1112	death occurred in a hospital or institution give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Every CIANS	2. FULL NAME Colson Baldin	DP-PAI
RD. Every YSICIANS statement		& St., Ward.
ped F	(a) Residence: No. 42 14 Florgia avenue (Usus/place of obode)	St., Ward. If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L'Y	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH September 9, 193 4, (Yaar)
BINDING PERMANEN EXACTI y classified.	5a. If marriad, widowed, or divorced HUSBANO of A O T	22. I HEREBY CERTIFY. That I attended decaasad from
MA MA	(or) WIFE of Mabel Bradford O'Cla	november 15, 1933, 10 Sept. 9 , 1934
BIL ER E X cl	6. DATE OF BIRTH (month, day, and year) Telm Laure 8, 1857	I last saw ham alive on Self 8, 1937; death is sald
H _ T 8	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 2:050 m.
FOR IS A stated proper	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8 Trada, profassion, or particular kind of work done, as SPINNER, T Sawlet SAWYER, BOOKKEEPER, atc	lehronic Valvular Heast Ochlase nov. 193;
VED THIS Id be ty be tk of	9. Industry or business in which	Chone Interstitien 1 to will you 193
ERVI NK—T] should it may n back	SAW MILL, BANK, etc. of District of Columbs	4
Si ti si	10. Data decaased last worked at this occupation (month and year)	
ARGIN RES NFADING I pplied. AGE erms, so that instructions of	year)	Other Contributory Causes of importance:
ADING ADING d. AG s, so the	12. BIRTHPLACE (ciff or town) Theme and Control (State or country)	
MARGIN UNFADI supplied. n terms, so	E 13. NAME MANGES PLAN	
4 0 4 4	13. NAME Marks Olda 14. BIRTHPLACE (city or town) Circleville,	Name of operation None Date of
S air S	(State or country)	What test confirmed diagnosis? Electro Cardio Was there an autopsy? No
Y, WI carefull H in pl	15. MAIDEN NAME Katherine Rosina Sargent	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in pimportant.	15. MAIOEN NAME Katherine Rosina Sargest 16. BIRTHPLACE (city or town) Chila deplica	Accident, sulcide, or homicide? Date of Injury, 19
PLAINLY, ould be call F DEATH	(State or country)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT MAS H. D. HAY	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
- T	Place Was tring to Data Sept. 11 , 19 34	Natura of injury
-WRITE mation si CAUSE FION is	10 HOSTING John Of Mught Co	24. Was disease ar injury in any way ralated to occupation of dacaesad?
0 1 10 1	19. UNDERTAKER CO as him offen S. C	if so, specify
X X X	20. FILED 9-10, 1934 55. Way Out of Province.	(Signad) A. It. Shoulet Live of M. D.
V	Att will fully fully for blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting US. No. 1.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	lonows.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	(1001-10-2472	July 5,1927	Perilonitis	3 days ago
	SUREAU V. S.	-15		
Other centributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

JARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (19336)
1. PLACE OF DEATH	9
County Mouttoner	Registration Dist. No. 2/3
Village or City Brahoula	No. St., Ward
(16	death occurred in a norphial or institution, give its IVAIVIE instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Y Annel angustus U	nley
(a) Residence: No. Pur will	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
mare but sungle	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22., HEREBY CERTIFY That I attended deceased from
(or) WIFE of	Soft 1 1934 10 Sept 1 1936
6. DATE OF BIRTH (month, day, and year) Feb 16 1934	I last saw name alive on Salat 1934; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 23 0 1 m.
6 16 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
O Trade referein a retirular	Date of onest
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	1/197
8. Irada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	V/-(35-7)
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	who fine long to
	1 123
13. NAME Hove. Touch	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO THE	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
Place Barnesnelle Date 9-3 1934	Manner of injury
00 2/ 7	Nature of injury
19. UNDERTAKER Concerns of the Maries (Address)	24. Was disease or injury In any way related to occupation of deceased?
(MUSICS)	(Signed) 27 Hawks. M.D.
20. FILED 9-3, 1934 Mrs. W. J. hall Registrar.	(Address) Morrill
Registrar.	" (nuuress) J. FFT

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09337
1. PLACE OF DEATH	(1442)
county Morrigonney,	Registration Dist. No. 217
Village or City Chrus mont, C	o. Astospilal St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME // hysell () of	
(a) Residence: No. Raggrille Me	el St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	9 /7 193 (/
5a If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, That, I attanded deceased from
mas. Val	9/16,1934, to 9/17,1934
6. DATE OF BIRTH (month, day, and year) Out 19-1898	I last saw h A alive on 9/17 193 x; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et 2 - A m.
36 10 29 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Toot Garlin Hemorrhey 9/14/34
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- Spontin this / /	
yaar)	Other Contributory Canees of importance:
12. BIRTHPLACE (city or town) / Duly (State or country)	Mel Buth at 9/12/3
	full firm
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city of town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
Ξ	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
State or country)	Accidant, suicide, or homicide? Dete of injury, 19
1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Produce Med Data class 19,0/39	Natura of injury
10 HUDEDTAKED Lond to ashe a	24. Was disaasa or injury in eny way related to occupation of deceased? 200.
19. UNDERTAKER (Address) Cause M.d.	If so, specify
20 FUED SAL 18 1034 CBARRAGE	(Signed) B Warry M.D.
20. FILED Que 19.14. 19.14. Registrar.	(Address) Assisted with
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1338
1. PLACE OF DEATH		(gra)	,
County Managame	yes , , D 1	Registration Dist. No. 2	6
Village or City Mantes lek	Inew Bethers	No. St.	Ward
		death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where death of	ocurred yrs, mos	ds. Hop long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME	Differe V	anck.	00
(a) Residence: No. 40 5	StSt	St., Ny Ward. Washington 1	7.0
PERSONAL AND STATISTICAL	Usual place of abode)	If nonresident tive city or town and MEDICAL CERTIFICATE OF DEATH	State C
	NCLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
To life of	DIVORCED (with the gold)	Self.16	. 193 4
5a. If married, widowed, or divorced	Marrue	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of 2/02 ~ 2/	0	22. I HEREBY CERTIFY, That I attended	deceased from
were up ch.	rancz,	10 Jelly, 1934, 10 Seft	, 193.4.
6. DATE OF BIRTH (month, day, and year) /bv.	1, 1872.	I last saw h_U_ aliva on	; death is sald
7. AGE Years Months	Days If LESS than f day,hrs.	to have occurred on the data stated above, at	
0/ 10	15 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	nomalla.	Subacertl belevial	len -
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which		Judocarditis	decow
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Data deceased last worked at this occupation (month and	11. Total time (years) spent in this		
yaar)	occupation	Other Coatributory Cades of importance:	
12. BIRTHPLACE (city or town) Zancax	ter Ja,	Other Controller Causes of Importance.	
(Stata or country)	/		
13. NAME J. N. BU	pne-		
14. BIRTHPEACE (city or town).	·	Nama of operation Date of	
(State of country)	and p	What test confirmed diagnosis? Polood Quill Was there an a	utopsy? 44
15. MAIDEN NAME Mary &	embora	23. If death was due to external causes (VIOLENCE) fill In also the following	: 0
0 16. BIRTHPLACE (city or town) Tapleas	ter da.	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)		Whera did injury occur? (Specify city or town, county and State	e)
17. INFORMANT THORY CHE	xanck,	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	ICE.
(Address) 18. BURIAL, CREMATION, QR. REMOVAL	<i>a</i> 1.		
Place (Nash.) Day	9/16 1934	Manner of injury	
Allen C.	0	- Nature of injury	1
19. UNDERTAKER TO MAN A DES	Dans Cu	24. Was disease or injury in any way related to occupation of deceased?	VC8
(A) 1 311 D	112	(Signed) Quees Olegoede 44.	4 4 5
20. FILED GOT 16 , 1934 B.C.	Flivey + M. D. Registrar.	(Address) 1801 lease It, leas	li D.S
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	diam's	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: 8	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

m

18. BURIAL, CREMATION, OR REMOVAL

(Address)

20. FILED PAL D

(Stata or country)

should state of OCCUPA-

1	STATE (OF MARYLAND-	CERTIFICATE OF DEATH	09339
1. PLACE	OF DEATH		(B7)	60000
County	Mantagomer	w10	Registration Dist. No.	-23
Village or	City Takoma	Part (11	No. Washington Sontarium and St death occurred in a horpital or nation, give its NAME instead of street a	and number) Ward
	\circ		St. Ward. Vienare ()	mosds,
		(Usual place of abode)	If nonresident give city or town	
	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	H
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Septemper (Day)	, 193 4 (Yaar)
7. AGE YOUR NOTE OF SAWYE	I (month, day, and year) ears Months Pession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc.	Days If LESS than 1 day,	to have occurred on the date stated above, at 730 R m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	74.; death is said
O 10. Data decea	ras dona, as SILK MILL, IILL, BANK, etcssed last worked at cupation (month and	11. Total time (years) spent in this occupation 10445. A County, Ua	Hummyhay & Prostota Thummyhay & Shock Other Coutributory Causes of importance:	1933 aug 24 Sign 4 7-14
13. NAME	Charles F	Rewes	The Tollows from	
(State	or country)	e Reevers	Name of operation Associated Date (What test confirmed diagnosis? 5 y nystures Was there 23. If death was due to external causes (VIOL ENCE) fill in also the follo	an autopsy?lase
	CE (city or town)	Virginia	Accident, suicide, or homicide? Date of injury	

24. Was disease or injury in any way related to occupation of deceased?

Manner of injury

Virginia

Registrar.

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II		
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Arteriosclérosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
OCT 5 1904			1	
Other contributory causes of importance: V.	S.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

County Mongy Manuery Registration Dist. No. Village or City Sangly Spring (If death occurred in a horpital or institution, give its NAME instead of attest and aumber) Length of residence in city or town where death occurred yrs. mos. ds. Registration Dist. No. No. No. No. No. No. No. No. No. No. No.	1. PLACE OF DEATH	(137)	-
Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) St. Ward. (c) Residence: No. (c) Residence: No.	County Montgomery	21	J
2. FULL NAME. Richard Rerry Bell Scatt. (a) Residence: ND. Starts Rerry Bell Scatt. (b) Residence: ND. Starts Rerry Bell St., Ward. (c) DATE OF DEATH 21. DATE OF DEATH 22. I HERE BY CERT I FY. That I attended deceased from I start Not Not Not Not Not Not Not Not Not No		If death occurred in a hospital or institution, give its NAME instead of street and au	umber)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX PAGE 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Wildhold of or divorced HUSBADO of PAGE S. HE REBY CERTIFY That I altended decessed from HUSBADO of Warrier of the word of the stated above, at 2,100 m. The Samuel of word done as SPINNER, SAW MILL, BANK, etc. 10. Data decessed hat worked at this occupation (month) and the spant in his occupation (month) and the	D. 0 10 B.00	Scott	
3. SEX Wale 4. COLOR OR RACE OR DIVORCED Country Word OR DIVORCED Country Word OR DIVORCED Country Word OR DIVORCED Country Word Or Color Williams of Color Or Color Or Color Williams of Color Or Color Or Color Williams of Color Or Color			State
Male A.A. OR DIVORCED (write the world) So. If married, widowed, or divorced this bank of the world of this part of the world was done as SIN MRE. ACE Years Months Days If LESS than I day hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Rind of work done, as SPINNER, Cabout The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Rind of work done, as SILK MILL. SAWYER, BODKKEPER, etc. S. Industry or business in which work was done, as SILK MILL. SAWYER, BODKKEPER, etc. S. Industry or business in which work was done, as SILK MILL. SAWYER, BODKKEPER, etc. S. Industry or business in which work was done, as SILK MILL. SAWYER, BODKKEPER, etc. S. Industry or business in which work was done, as SILK MILL. SAWYER, BODKKEPER, etc. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done, as SILK MILL. S. Industry or business in which work was done as SILK MILL. S. Industry or business in which work was done as SILK MILL. S. Industry or business in the said of the was dua to extended causes of limportance: What test confirmed diagnosis? May. Was there an aulopsy? S. Specify day or lower, county and State). S. Specify day or lower, county	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
55. If married, widowed, or divorced HUSBAND of CALL CATALOGY (AND AND OF CALL CATALOGY) (AND AND OF CALL CATALOGY) (Address) 55. If married, widowed, or divorced HUSBAND of CALL CATALOGY (Address) 6. DATE OF BIRTH (month, day, and year) Det., 1 7, 1 7, 1 1 1 1 1 1 1 1 1 1 1 1 1 1		September 3	193 44
1 last saw h		1 1 + 32 5 6 2 13	211
8. Trade, profession, or particular kind of work done, as SPINNER, Salver, Bobok EPER, etc. 9. Industry or business in which work was done as SPINNER, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Sanky Spinners 13. NAME Michael Self NAME Name of operation Name Name of operation Name of operation Name Nature of injury National State or country) 15. MAIDEN NAME Name Name Name of operation Name of operation Name of operation Name of operation Name of operation Name Name of o	7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 2:00 F.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death Is said
9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and the spent) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVEL 19. Date of injury Manner of Injury	8. Trade, profession, or particular	17 d	Data of onset
Dither Contribatory Causes of Importance: Dither Contribatory Causes of Importance:	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAW MILL, BAW MILL, SAW	Benign adenoma of Jantotes	2432
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVEL 19. Acknowled 10. Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of Injury	12. BIRTHPLACE (city or town) Janly Spring	Dther Coatribatory Causes of Importance: Spondylitis: non-tuberculoud.	9.16.3:
What test confirmed diagnosis? Was there an aulopsy? 20 15. MAIDEN NAME Was there an aulopsy? 20 16. BIRTHPLACE (city or town) Sandy Springs (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVEL Manner of Injury Was there an aulopsy? 20 23. If death was dua to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of Injury Manner of Injury		1	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMOVEL 19. MAIDEN NAME 10. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Manner of Injury Manner of Injury	14. BIRTHPLACE (city or town) Sauly State or country)	Name of operation Date of	ilonsy? 20
16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMOVEL (Address) Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. Manner of Injury Manner of Injury	15. MAIDEN NAME Margaret Howard		
(Specify city or town, county and State) 17. INFDRMANT Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place State Manner of Injury Manner of Injury	0 16. BIRTHPLACE (city or town)	<i>D</i>	, 19
Plan XI and Alphi and pur Alphi to 1834		(Specify city or town, county and State)	CE.
	2 - X - T / / / / / / 21.		
19. UNDERTAKER And Andrews 24. Was disease or injury In any way related to occupation of deceased? No			no-
20. FILED J. 1934. C. SSR (Signed) Selver Server M. D. Registrar. (Address) Selver Springs, Ind.	AND ADDRESS OF THE PROPERTY OF	8.0	m. o.

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Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitiol neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 = 0CT 8 1934	July 5,1927	Peritonitis	3 days ago	
	Property S. S.	2 20			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH

1. PLACE OF DEATH		(46)	
County Montgomery		Registration Dist. No. 2	13
Village or City Takona Pask		No. Washington Santarum + Alox f death occurred in n hospitation institution, give its NAME instead of street and n in 23 ds. How long in U.S. if of foreign birth?	mber)
2. FULL NAME mrs. & mag. (a) Residence: No. 1900 7, St.		St., Ward. Washington D.	C
(U	oual place of abode)	If nonresiden give city of town and	State
PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
famale white	LE, MARRIED, WIDOWED DIVORCED (write the word)	21. DATE OF DEATH September (Month) (Day)	, 193 4/ (Year)
5a. If married, widowad, or diverced HUSBAND-of (DI) WIFE of Marcus L,		22. I HEREBY CERTIFY, That I attended of September 6, 1934, to September 5	29, 19.24
7 4 11	John 7, 1859 Days If LESS than 1 day,	to have occurred on the data stated above, at 11 pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	iter's Home 1. Total time (years)	Carcinoma & gall bladdes	1934 July
12. BIRTHPLACE (city or town) Caranche (State or country)	spent in this 10 years)	Other Contributory Causes of importance:	
	d		
13. NAME John Howar 14. BIRTHPLACE (city or town) Hull (State or country) England	L	Nama of operation . Chule esq electrony Date of D What test confirmed diagnosis? fatherly great Was there an ar	4/1.7,1934 utopsy? 200
15. MAIDEN NAME Clarisse. Hole 16. BIRTHPLACE (city or town) West food (State or country) N. 4. 17. INFORMANT Washington Sain (Address) Jahoma Park, Y	terrum Records	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION OR REMOVAL Place 17. Data	Seft 30, 19 34	Manner of injury	
19. UNDERTAKER SL S. H. M. S.	Mi.	24. Was disease or injury In any way related to occupation of decaased?	•
20. FILED Seft 30, 19 34 %	. E. Rogers	(Signed) (Address) 723 Markle, Talona Pl. Ne	M. D.

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-11 - 11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

X	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	of i	plu	CCL	1
	item	sho	of C	1
	ery	INS	ent	-
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	E.P	shor	E OF	TION is very important. See instructions on back of certificate.
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N. B.-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH		(39)	
County montgoneery Con	cuty	Registration Dist. No. 217	
Village or City Olivey 1 Millage or City Olivey 1 Millage or City Or town where daath occurred		No. Mont Co. Gen. No mital St., death occurred in a hospital or institution, give its NAME instead of street and no	
2. FULL NAME Bal Bay	Slave	Robert A.	
(a) Residence: No. Mt Qual place of ab	ode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICUL	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (w)	, WIDOWED, rite the word)	21. DATE OF DEATH September 4 (Month) (Day)	193. 4 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended d 7-23 1934 to 9-4	
6. DATE OF BIRTH (month, day, and year) 7-23-34		Hast saw hum alive on 9-4 1934	daath is said
7. AGE Yaars Months Days	If LESS than dey,hrs.	to have occurred on the date stated abova, at \$2.300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last workad at this occupation (month and year). 12. BIRTHPLACE (city or town)	this	Uppor Respectory Sufaction Other Contributory Causes of importance:	9-2-34
(Stata or country)		Immelierity	
13. NAME Clarence Shry. 14. BIRTHPLACE (city or town) Taylorslown (Stata or country)	v.Va	Name of operation Date of What test confirmed diagnosis? Was there an eu	
15. MAIDEN NAME Lace Creger 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT I Softtal Records! (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Bullshille, Ind Date Soft.). Va	23. If death was due to external causes (VIOLENCE) filt in elso the following: Accident, suicida, or homicide?	, 19
19. UNDERTAKER : 3. Beatl. Unic. (Address) Damescus. m. 20. FILED Supp. 5., 1934. C. S. Basses	les peginrar.	Nature of Injury 24. Was diseasa or injury in any way related to occupation of dacaasad? If so, spacify (Signad) (Address) Saudy Fruit	ud. ^{M. D.}

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow Arteriosclerosis	h and related causes ws:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	Ellerate V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	VOKIACI V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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Country Village or City. Village or City. Village or City. Leagth of residence in city or town where death occurred. Vir. As How in large in this interest and equal to the city. As How in large in the city of town where death occurred. Vir. Mary I. As How in large in this interest on the industry of town and State. PERSONAL AND STATISTICAL PARTICULARS SI. Ward. If nonereldent give city or town and State. PERSONAL AND STATISTICAL PARTICULARS OR DIVOKED Larms: In the word) So. It married, eddowed, or divorand (or) Wile of the city of the	SIAIL OF	MARILAND	CERTIFICATE OF DEATH	0388
Village or City Village or City (If death occurred in a boppial per nationion, gave in NAME instead of street and Apuber) Length of residence in city or town where death occurred. J. Box 1. General death occurred in a boppial per nationion, gave in NAME instead of street and Apuber) J. Box 1. General death occurred in a boppial per nationion, gave in NAME instead of street and Apuber) J. Box 2. FULL NAME (a) Residence: No. Clustiplace of abobit St. Ward. W	1. PLACE OF DEATH		100	1000
Langth of residence in city or town where death occurred. 4. He wo long in d. S. If of foreign birthin. 4. Residence: No. Classifier and Manuber) 4. Residence: No. Classifier and Ambert and Manuber) 5. If Manufactured and Manuber) 6. Additional in the work of foreign birthin. 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED 5. If Manufactured only of town sad State Crop Wyle of Control of the word of the	County Mont 90	very	Registration Dist. No.	
Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of shoold) St. Ward.	Village or City Ulvel	1 7	re not voite. Co. Jes. Hard	TOWAR
2. FULL NAME (a) Residence: No. (Usualplace of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED (Worth Words) 5. If married, widowed, or divorced (Work) (Worth) 5. If married, widowed, or divorced (Worth) 5. If married, widowed, or divorced (Worth) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1. It ESS than or		(If		number)
(a) Residence: No. (b) Authority of two and State PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SINGLE, MARRIER, WIDOWED, OR DIVORCED (wife the word) 5.8. If married, widowed, or divorced (or) WIPS AND of (or) WIPS AND O		occurredyrsmos		os.)ds.
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Sa. If married, widowed, or divorced HUSARDO of (vi) NITE of the properties of the p		Single		. 193 (Yest)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, and year or main. 8. Trace profession, or particular bind of work dome, as SPINNER, SAVER BOOKKEEPER, etc. 10. Date decased last worked at this occupation (month and year) occupation (state or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Days If LESS than I day, and year) Separate decases of importance were as follows: 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, CREMATION, OR REMOVAL Place Canada Date Separate Causes or importance in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. 34 19. Uncertaker And Date of Injury 19. Where of injury in any way related to occupation of deceased? 7.2.D. (Address) 20. FILED. 47. 19. 34 20. FILED. 47. 19. 34 21. Manual And Address) 22. Here BER Y Canada Date Separate State State on the date stated aboves at 1.0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5a. If married, widowed, or divorced HUSBAND of			(1001)
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T. AGE Years Months Days If LESS than lady,		+10+1024		
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWTER, BONKEPER, etc. 9. Industry or business in which was done, as SSINK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and occupation contract the companion occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Address) 19. UNDERTAKER (Address) 20. FILED 77. 19. 3.44 A A A A A A A A A A A A A A A A A A			181	:; death is said
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(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Commanded Date Sept 7, 19.3.4 19. UNDERTAKER Some Cloud Kareer (Address) 24. Was disease or injury In any way related to occupation of deceased? 2.1 25. FILED 4/7 , 19.3.4. C. S. Marandey (Signed) (Signed) M. D. (Address) M. D. (Address)	17. INFORMANT Hostertal	Meands	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
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(Address) Servel u.d. If so, specify (Signed) Sharpy M.D. (Address) Address M.D.	10 HINDERTAKER No. PO and	Kai a.	24. Was disease or injury in any way related to occupation of deceased?	
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	20. FILED			M. D.
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	G July 5, 1927	Peritonitis	3 days ago
	and the state of t		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	82-0
County moutes	Registration Dist. No. 211
Village or City Jerusania (1) Length of residence in city or town where death occurred 13 yrs, 15 most	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John Kinsey S	toward-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garie the word)	21. DATE OF DEATH (Nonth) (Nonth) (Nonth)
a. If married, widowed, or divorced HUSBAND of Widows . Taisy willisters on	122. I HEREBY CERTIFY, That I attended deceased to
DATE OF BIRTH (month, day, and year) Ford 2 2, 1877	I last saw h
AGE Yeers Months Days If LESS than 877 32 10 3 1 day,hrs. ormin. 0rmin.	to heve occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Milles SAWYER, BOOKKEEPER, etc.	leanely of Har La
kind of work done, as SPINNER, Mulles SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	7/4
10. Date deceased last worked at this occupation (month and year)	Other Coatributory Causes of importance:
2. BIRTHPLACE (city or town) Maryland (State or country)	Other Ceatributery Causes of importance:
13. NAME Stee Steward 14. BIRTHPLACE (city or town) Management	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Comonda, Pilligus	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Lucy flights	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT Conganala Sliwort- (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place Put Comput Date Sept 29, 193.4	Manner of injury
9. UNDERTAKER (Address) Goffaelleunburg 144	24. Was disease or Injury In any way related to occupation of deceased?
0. FILED Sef 28, 1934 Mm & Registrar.	(Signed) A M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Diample 1	- 1	Zample 11	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT A 1934	July 5,1927	Peritonitis	3 days ago
	BURTAU V. S	7		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	nome - m	(183)	AIH (1931
County Lively	on some Illes	Lang Landy Registrat	ion Dist. No. 2/3
Village or City	Since	No	St.,
Length of residence in city or town where to	(If	death occurred in a hospital or institution, give its NA	AME instead of street and number)
	in occurredyrsmos.	ds. How long in U.S. if of foreign birth?	yrsmos
2. FULL NAME //m/s	mm		
(a) Residence: No.	***************************************	St.,Ward.	
PERCONAL AND CTATIONS	(Usual place of abode)		dent give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE 5. SEX	or DIVORCED write the word)	21. DATE OF DEATH Body Johnson (Month)	30 , 193 7 (Day) (Yes
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Sparson	7-1 1000	F.Y. That I allember decease
(II) III II		SAST 30 1934 10	19
6. DATE OF BIRTH (month, day, and year)	mkm	I test saw h alive on	19 death
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	magne
about 40 malenna	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related of were as follows:	causes of importance
8. Trade, profession, or particular	7	were as follows:	Date
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	21	Partilly Women	any
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	3	A I America	Rome
SAW MILL, BANK, etc		The first of	Show
- time occupation (month and	11. Total time (years) spent in this	The Man 2	m-Til-
year)	- occupation	Other Contributory Cases of Importance:	
12. BIRTHPLACE (city or town)			
(State or country)	1		
13. NAME	3		
4 14. BIRTHPLACE (city or town)		Name of operation	Date of
(State of Country)		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME	4	23. If death was due to external causes VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury, 19
(State or country)		Where did injury occur?	May
17. INFORMANT OFFice (Address)		Specify whether injury occurred in INDUSTRY, in	y or towns county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	151 1 -11	Manner of injury	
Place Cours Mouse Cen	Pate	Nature of injury	
10 HADEDTAKED Ges Sumo	den .	24. Was disease or injury in any way related to oc	oundify of doors 12
19. UNDERTAKER (Address)	Evelinele	If so, specify	supation of deceased?
20 51150 10-13 10 34	no P	(Signed)	almi,
20_FILED 19 7			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

09346

	1. PLACE OF DEATH	10	
1	County Montgomery	Registration Dist. No. 223.	
1	Village or City Jahomas Park, maryland		
	2. FULL NAME James H. Williams (a) Residence: No. Sixtu Street		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonregident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED.	21. DATE OF DEATH	
	male white OR DIVORCED (write the word)	September 14, 193 (You) (You)	/ par)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased Sept. 12, 1934, to Sept. 14, 19.	
6. DATE OF BIRTH (month, day, and year) November 5, 18 6 7. AGE Yeers Months Days If LESS the I dey, or min		I last saw h	Is said
on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, Blacks with SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupetion (month end Sak A a consistency spent in this /	Preumonia Tolor) 1/10	/34
instructions	12. BIRTHPLACE (city or town) Tredrick (Stete or country) many land	Obronic Classolian Luc	
instr	13. NAME Wishindur	Caronic Cottafiolism In	car
See	14. BIRTHPLACE (city or town) Unchanged (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Cerrical 37 was there en autopsy?	us
II III	16. BIRTHPLACE (city or town) Usebnown (State or country) 17. INFORMANT Washington Saw. Records	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?	
.E	18. BURIAL, CREMATION, OR REMOVAL PIECE PLANTAGE PORT 9, 19 34	Menner of injury	
TION (19. UNDERTAKER Warner & Sumphrey (Addiess) Bilver Springs mile	24. Was disease or Injury in any way related to occupation of deceased? No	
E.	20. FILEO Sept 15, 19.34 %. C. Rogers (Registrar.	(Signed) Colored (Address) 722 Maple aux Talonese	_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09347
1. PLACE OF DEATH	(95-P)
County Moutgamery	Registration Dist. No. 2-23
Village or City Takema OPaxk (III	No Washing tou San taxions a Haspital St., War f death occurred in a horpital or institution, give its NAME instead of street and number) 1.0 2 ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Mr. Ed Marxon Will's (a) Residence: No. 4 M Ca 1736 9 3%. M (Usual place of abode)	w. St., Ward. Washing tow OC. If nonresident gly city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. If married, widowed, or divorced	21. DATE OF DEATH September 20, 1934 (Month) (Day) (Vear)
HUSBANO of Mary Goldsmith	22. I HEREBY CERTIFY, That I ettended deceased from Sept. 9, 1934, to Sept. 20, 1934
DATE OF BIRTH (month, day, and year) August 21, 1865 AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
kind of work done, as SPINNER, Exec. Secretary Treasure SAWYER, BDDKKEPER, etc Exec. Secretary Treasure Undustry or business in which work was done, as SILK MILL, Employed Offices allies. 10. Oate deceased last worked at this occupation (month and vear) 11. Total time (years) spent in this occupation. 40 yrs	Degneration
12. BIRTHPLACE (city or town) New Haven (State or country) Conn.	Mycardul Juline Such
13. NAME Ebenezer S. W. His 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Multi-Was there an autopsy? O
15. MAIDEN NAME Sophronia Pomeroy 16. BIRTHPLACE (city or town) (State or country) Conn. 17. INFORMANT Washington Sanitarium Records (Address) Takoma Park, md.	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Place Schungton D.C. Date Sept 20, 1934	Manner of injury
9. UNDERTAKER John R. Waight Co.	24. Was disease or injury in any wey releted to occupation of deceased?
10, FILED Sept 20 1534 HExpers	(Signed) That It Wolsham M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

V. S. No. 1 N. B. should state

1. PLACE OF DEATH	——————————————————————————————————————		
county montgomery Co.	Registration Dist. No. 2/6		
.0 0	maa		
Village or City. Chang chase	No. 7003 Mable St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred	nos. ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Florence Ella Zu	umerman		
(a) Residence: No. 7003 maho	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Sefet. 24, 193, 4		
5a. If married, widowed, or divorced HUSBANO of	- (10d1)		
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 ,1934, to Sept. 24 ,1934		
6. DATE OF BIRTH (month, day, and year) June 19, 1894	I last saw her alive on Seft. 22, 1934; death is said		
7. AGE Years Mondos Days If LESS than	to have occurred on the date stated above, at8_18_m,		
40 3 3 Iday,hi	mare as follows.		
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset		
SAWYER, BODKKEEPER, etc. Clark	Carcinoma of leftoway ?		
9-Industry or business in which work was done, as SILK MILL, U.S. Postoffice &	with metastaret.		
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. SAWYER, BODKKEPER, etc. SAWYER, BODKKEPER, etc. SAWYER, BODKKEPER, etc. To Joffice & To Date deceased last worked at this occupation (month and year) Wear) Aug 25-1434 SAW MILL, BANK, etc. 11. Total time (years) Spent in this occupation occupation 23	*		
12. BIRTHPLACE (city or town) Ogden, Utah	Other Contributory Causes of Importance: Cerebral metadases Sept 31		
(State or country)			
13. NAME Leonard F. Zimmerman			
14. BIRTHPLACE (city or town) Log (State or country)	Name of operation left Salfrings - Oopharestones Occ 13, What test confirmed diagnosis 2 can ft time. Was there an autopsy?		
15. MAIDEN NAME Learge Lyon	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Richwiss	Accident, suicide, or homicide? Date of injury, 19		
(State or country)	Where did injury occur?		
17. INFORMANT Carl D. Zimmannan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Circles you Date Sight 26, 19 3	+ Nature of Injury		
10 HADERTAKED THE LOIS SCIENCE	24. Was disease or Injury in any way related to occupation of deceased? 200		
19. UNDERTAKER VI 10 DELL SULPS (Address) 300 - HM 2 96	if so, specify		
20. FILED 9 - 24 184 homes K. Comad	(Signed) I famille m Chill M.O.		
Regist ar.	(Address) 1835 Eye St hw Wash D		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year